PRINTED: 06/16/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NV2981AGC 06/05/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1235 GLENDA WAY **HOME AWAY FROM HOME RENO. NV 89509** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/3/09 and completed on 6/5/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of D. The facility is licensed for 20 Residential Facility for Group beds for elderly and disabled persons. 12 beds Category I and eight beds Category II residents. The census at the time of the survey was 12. Ten resident files were reviewed and seven employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified: Y 178 449.209(5) Health and Sanitation-Maintain Int/Ext Y 178 SS=B NAC 449.209 5. The administrator of a residential facility shall

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by: Based on observation, the facility failed to

ensure that the premises are clean and that the interior, exterior and landscaping of the facility are

well maintained.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		NV2981AGC		B. WING		06/0	5/2009			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 00/0	0,200			
HOME AWAY FROM HOME				235 GLENDA WAY RENO, NV 89509						
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Y 178	Continued From page 1			Y 178						
	maintain the ceiling tiles. ( tiles were stained in room #14 and #15 and in the hallway outside bed room# 15)  Severity: 1 Scope: 2									
Y 255 SS=I	449.217(6)(a)(b) Permits - Comply with NAC 446			Y 255						
	chapter 446 of NAC. (b) Obtain the necess	with more than 10 tandards prescribed in sary permits from the Biservices of the Division.								
	Based on observation interview on 6/3/09, the compliance with the most of NAC. Deficiencies areas:  Dishes were not sanitized, in part becareaching the 180*F satisfies seconds.  Raw meats and eabove milk, cooked most of the satisfies of the sat	ne facility did not ensure equirements of Chapte were found in the followed being washed, rinsed a suse the dishwasher was anitization temperature eggs were found stored neats and other ready-tor and the freezer. Thi	e r 446 wing and as not for							

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between meals.

This Regulation is not met as evidenced by: Based on interview and observation on 6/3/09, the facility did not served meals that met the

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OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED			
	NV2981AGC		1		06/05/2009			
NAME OF PROVIDER OR SUPPLIER  HOME AWAY FROM HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  1235 GLENDA WAY					
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Continued From page		Y 276						
individual preferences of residents interviewed by having fresh fruits and vegetable available for serving.  Severity: 2 Scope: 1								
· -			Y 354					
Based on observation that all exhaust fans of 1 of 20 bathroom exhaust fans of 20 bathroom exhaust fan 20 bath	n, the facility failed to enwere functioning proper aust fans (bed room # n did not function).  In from Fire  of a residential facility so y complies with the poy the State Fire Marsh; 77 of NRS and all local pasety from fire. The	nsure dy for 1 the hall al	Y 430					
	CORRECTION  DVIDER OR SUPPLIER  AY FROM HOME  SUMMARY ST.  (EACH DEFICIENCY REGULATORY OR IT  Continued From page individual preferences having fresh fruits and serving.  Severity: 2 Scope: 1  449.222(4) Bathroom  NAC 449.222  4. All bathrooms and located convenient to living areas. A bathrothat can be opened of facility.  This Regulation is not Based on observation that all exhaust fans of 20 bathroom exhaust fans of	NV2981AGC  DVIDER OR SUPPLIER  AY FROM HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FREGULATORY OR LSC IDENTIFYING INFORMATION OF LIBERT OF LIBE	NV2981AGC  DVIDER OR SUPPLIER  AY FROM HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3 individual preferences of residents interviewed by having fresh fruits and vegetable available for serving.  Severity: 2 Scope: 1  449.222(4) Bathrooms and Toilet Facilities  NAC 449.222  4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that all exhaust fans were functioning properly for 1 of 20 bathroom exhaust fans (bed room #1 the bathroom exhaust fan did not function).  Severity: 2 Scope: 1  449.229(1) Protection from Fire  NAC 449.229  1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the	NV2981AGC  NV2981AGC  STREET ADDRESS, CITY, STA 1235 GLENDA WAY RENO, NV 89509  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3 individual preferences of residents interviewed by having fresh fruits and vegetable available for serving.  Severity: 2 Scope: 1  449.222(4) Bathrooms and Toilet Facilities  NAC 449.222 4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that all exhaust fans were functioning properly for 1 of 20 bathroom exhaust fans (bed room #1 the bathroom exhaust fan did not function).  Severity: 2 Scope: 1  449.229(1) Protection from Fire  NAC 449.229  1. 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Severity: 2 Scope: 1  449.222(4) Bathrooms and Toilet Facilities  NAC 449.222  A A BullDING NAME (EACH DEFICIENCY MUST BE PRECEDED BY FULL REDULATORY OR LISC IDENTIFYING INFORMATION)  This Regulation is not met as evidenced by: Based on observation, the facility falled to ensure that all exhaust frame were functioning property for 1 of 20 bathroom exhaust fam (bed room #1 the bathroom exhaust fam (d) not functioning).  Severity: 2 Scope: 1  449.229(1) Protection from Fire  V 430  NAC 449.229  1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility confirms the supproved for residency by the		

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This Regulation is not met as evidenced by: Based on record review and interview on 6/3/09, the facility did not obtain physician orders to administer over-the-counter (OTC) medications found in the medication containers for 2 of 10 residents (Resident #8 - Tylenol and Resident #9

- Imodium).

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449.2742(7) Medication / Resident Refusal

7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be

Y 883

NAC 449.2742

SS=C

Y 883

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Y 884

NAC 449.2742

Y 884

SS=D

8. An employee of a residential facility shall not draw medication into a syringe or administer an injection unless authorized by law to do so.

449.2742(8) Medication Administration

This Regulation is not met as evidenced by: Based on interview and record review on 6/3/09, the administrator, who is a Registered Nurse, reported she was giving a medication that requires injection one time a month to 1 of 10 residents (Resident #1 - Cyanocobalamin).

Severity: 2 Scope: 1

Y 890 | 449.2744(1)(a)(1)-(4) Medication / Receipt Log SS=C

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Y 890

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